

NC DHHS – NC DMH/DD/SAS
Medically Supervised Detoxification/Crisis Stabilization (ADATC)
Endorsement Check Sheet Instructions

Introduction

Prior to site and service endorsement, business verification must take place. In the process of business verification, the business information presented DMA CIS (Community Intervention Services) application is validated. At that time, the provider organization submits a self study of the core rules (10A NCAC 27G .0201-.0204) verifying that they have met all the requirements therein. (The provider is not required to submit this if nationally accredited, licensed with Division of Health Services Regulation (DHSR) or has had a compliance review from NC Council of Community Programs within the past three years.) The documents created in adherence with the core rules should be utilized as evidence of provider compliance where noted in the check sheet and instructions.

The following set of instructions is to serve as general guidelines to facilitate the review of providers for endorsement. Service definition, core rules (as noted above), staff definitions (10A NCAC 27G .104) and other DHHS communications (e.g. *DMH/DD/SAS Records Management and Documentation Manual*, Communication Bulletins, Implementation Updates, Clinical Coverage Policy 8A, and other publications) should be used to support the reviewer's determination of compliance. In addition, the Business Entity Type Reference document assists to clarify the requirements for different business entities such as corporation, partnerships and limited liability corporations and partnerships. On the endorsement check sheet, there are suggested sources of evidence for locating information that may assist the reviewer in determining compliance with the respective requirements. The items identified are not an exhaustive list of sources, nor must each item named be reviewed. The reviewer examines evidence presented only until the element in question is substantiated as being met by the provider.

Provider Requirements

In this section, the provider is reviewed to ascertain that administrative requirements are met in order for services to be provided. The provision of services is addressed later in this endorsement process. This section is reviewed only during the initial review for business status and does not require further scrutiny unless there is a change in the provider's status that would affect this element.

- a.** Review identified documents for evidence the provider meets DMH/DD/SAS standards as related to administration responsibilities, financial oversight, clinical services and quality improvement. These standards include, but are not limited to, policies and procedures (contents of which are mandated in 10A NCAC 27G .0201 – Governing Body Policies) and the key documents required by law for the formation of the business entity. (Refer to attachment titled Business Entity Type.)
- b.(1).** Review documentation that demonstrates provider is a legal US business entity. Documentation should indicate the business entity is currently registered with the local municipality or the office of the NC Secretary of State, that the information registered with the local municipality or the Secretary of State is current, and that there are no dissolution, revocation or revenue suspension findings currently attached to the provider entity. Also review corporate documentation demonstrating registration to operate a business in NC.

Information for corporate entities may be verified on the web site for the Secretary of State. (Refer to key documents section of attachment titled Business Entity Type.)

- b.(2).** Review the policy and procedure manual. It should contain language indicating intent to have national accreditation within one (1) year of enrollment with DMA. Review DMA enrollment document to verify provider's date of enrollment. Once the provider has been enrolled with DMA for a period of one (1) year, a certification of national accreditation or some other evidence supporting the provider organization's achievement of national accreditation must be produced and validated.

Staffing Requirements

In this section, the reviewer is primarily concerned with the hiring practices of the provider and ensuring that all employees required per the service definition are in place at the time of the clinical interview and are equipped with the evidentiary documentation of education, training and experience for which they were hired. This is important for the clinical integrity of the service. The review of the provision of services is more thoroughly examined in the "Program/Clinical Requirements" section of the endorsement review.

In the desk review, the reviewer is to verify that the provider agency's policies and procedures, as well as other administrative manuals meet the requirements of the service definition. The review of the qualifications of personnel hired will occur later in the endorsement process. Review documentation to verify that provider agency requirements of staff include degrees, licensure and/or certifications that comply with the position as written in the service definition, and are consistent with requirements and responsibilities of their respective job duties. Review job descriptions to determine that the roles and responsibilities identified do not exceed the qualifications of the position. This review ensures that the provider has an understanding of the service definition staffing requirements and has established policies for a program that meet those requirements.

For the clinical interview, review staff employment applications, resumes, licenses, certifications and/or other documentation for evidence that degrees and work experience with the target population the provider will be serving is consistent with the requirements and responsibilities of each position. If **any** staff person hired to meet the staffing requirements of the service definition do not meet the requirements for the position, then the clinical interview does not take place. The clinical interview process is described in Program Requirements.

For the on site review, the endorsing agency verifies documentation reviewed during the desk review and clinical interview (if it has been conducted prior to the on site review). The credentials and qualifications of any additional or ancillary staff hired in the time between the desk review and the on site review are examined.

For the 60 day review, include a review of the consumer record and other items necessary to determine that staff are performing clinical interventions commensurate with their credentials and qualifications as well as within the scope of work the their job descriptions. Review staff schedules, attendance rosters, and caseload assignments and interview staff to ascertain consumer to staff ratios. This review should also include a review of supervision plans, notes and documentation of clinical supervision for all staff. Review supervision plans to ensure that they are individualized and appropriate for the level of education, skill and experience of staff. Review supervision notes, schedules and other supporting documentation that demonstrate on-going supervision consistent with the requirements and responsibilities. Personnel records must demonstrate evidence that all required

training has been acquired by each staff member delivering day treatment services and completed within the specified time frames.

- a.** Review policy and procedure manual, program description and schedule for language that physicians are available 24 hours a day by telephone and can conduct an assessment within 24 hours of admission. Review service record, service notes and staff schedules including on-call responsibilities to verify that physician assessment was completed within 24 hours of admission and is responsible for the orders for medications.
- b.** Review policy and procedure manual, program description and schedule for language that a registered nurse will be available to conduct nursing assessments on admission and oversee the monitoring of a patient's progress and medication. Review service record, service notes and staff schedules including on-call responsibilities to verify that a nursing assessment was completed at admission and that a nurse to monitor patient progress and medication administration on an hourly basis.
- c.** Review policy and procedure manual, program description and schedule for language that staff who will be administering medications are appropriately credentialed and trained. Review policy and procedure manual, program description and schedule for language that all medications are administered in accordance with a physician's order.
- d.** Review policy and procedure manual, program description and schedule for language that the program is staffed with individuals who are Qualified Professionals and Associate Professionals in substance abuse for counseling services under the supervision of an LCAS or CCS. Review program description, personnel files, employment application, resume, license, certificates and other documentation to verify that staff hold the appropriate degrees, license, certifications, education, training and skill consistent with requirements and responsibility of the required positions. Review supervisory plans and notes to verify that the Qualified Professionals and Associate Professionals have received supervision from a LCAS or CCS according to 10A NCAC 27G.0104.
- e.** There should be documentation that the LCAS or CCS are available 24 hours a day by telephone and conduct assessments within 24 hours of the patient's admission.
- f.** Review policy and procedure manual, program description and schedule for language that reflects that the program is staffed with individuals who are Qualified Professionals and Associate Professionals in substance abuse for counseling services under the supervision of an LCAS or CCS. Review program description, personnel files, employment application, resume, license, certificates and other documentation to verify that staff hold the appropriate degrees, license, certifications, education, training and skill consistent with requirements and responsibility of the required positions. Review supervisory plans and notes to verify that the Qualified Professionals and Associate Professionals have received supervision from a LCAS or CCS according to 10A NCAC 27G.0104.
- g.** Review policy and procedure manual, program description and schedule for language that reflects that when provided by paraprofessional level providers, they who meet the requirements for Paraprofessional status, who have the knowledge, skills and abilities required by the population and age to be served, and who are under the supervision of a CCS or LCAS.

Service Type/Setting

The elements in this section pertain to the provider's having an understanding that Medically Supervised or ADATC Detoxification/Crisis Stabilization is an organized service delivered by medical and nursing professionals that provides for 24-hour medically supervised evaluation and withdrawal management. Recipients are often in crisis due to co-occurring severe substance-related mental disorders, such as an acutely suicidal patient, or persons with severe mental health problems that co-occur with more stabilized substance dependence.

For the desk review, review documentation to verify that provider demonstrates a schedule of operation, locations of service and interventions provided are within the parameters specified by the service definition. This review ensures that the provider has an understanding of the purpose of the service and has established a schedule and a program that meet those requirements.

Items in this section do not apply to the clinical interview.

For the on site review, confirm findings of the desk review.

For the 60 day review, include a review of consumer records and other items necessary to determine that ADATC is being provided to consumers who meet the eligibility requirements in a facility licensed as a hospital.

- a. Review documentation for language that demonstrates an understanding that Medically Supervised or ADATC Detoxification/Crisis Stabilization is an organized service delivered by medical and nursing professionals that provides for 24-hour medically supervised evaluation and withdrawal management. Recipients are often in crisis due to co-occurring severe substance-related mental disorders, such as an acutely suicidal patient, or persons with severe mental health problems that co-occur with more stabilized substance dependence. There should be documentation that services are being provided in a permanent facility with inpatient beds.
- b. Policy and procedure manuals, program descriptions for documentation that Medically Supervised or ADATC Detoxification will be provided in a facility licensed as a hospital. Review facility license for documentation that Medically Supervised or ADATC Detoxification is being provided in a facility licensed as a hospital.

Program/Clinical Requirements

The elements in this section are reviewed as they pertain to service delivery. It is important that consumers are served in accordance with the service definition according to individual needs identified in the PCP in regard to the frequency, intensity and type of therapeutic interventions. Interventions should reflect clinically recognized models (therapeutic mentoring, positive behavioral supports, motivational enhancement therapy, anger management, etc.).

For the desk review, review documentation to verify that the provider demonstrates a clear understanding of the service definition and detoxification protocols.

For the clinical interview utilize the questions attached to the current endorsement policy. Specific expectations for the clinical interview are outlined below.

For the on site review, confirm findings of the desk review and the clinical interview.

For the 60 day review, a review of service records should demonstrate compliance with program requirements as specified in each item below. Review to verify that the provider has an understanding of ADATC. Review documentation to determine clinical integrity to detoxification protocol, as well as coordination with and referral to other services and supports.

- a. Review documentation for language that demonstrates that services are delivered under a defined set of physician-approved policies and physician-monitored procedures and clinical protocols. Review service records for notes that reflect the use of defined protocols.
- b. Review policy and procedure manuals, program descriptions, and other documentation that indicate the program has established clinical protocols that are followed by staff to identify patients with severe biomedical conditions who are in need of medical services beyond the capacity of the facility and that staff will transfer such patients to the appropriate level of care.
- c. Clinical Interview. Use the questions included in the current endorsement policy for interviews with the staff to determine the provider agency's clinical competency to deliver services. A minimum of three (3) staff members/positions must be interviewed. Those interviewed should include at least a fulltime RN (or nurses who share one FTE position) and the supervising LCAS/CCS, as well as one other fulltime staff member (or staff members who share one FTE position).

Documentation Requirements

All contacts for ADATC services must be documented - a daily service note is the minimum requirement. Documentation must meet all record and documentation requirements in the DMH/DD/SAS Records Management and Documentation Manual. Review policy and procedure manuals for language that demonstrates that all contacts with or on behalf of the recipient must be recorded in the service record. Review policy and procedure manuals and job descriptions for language demonstrating the provider will ensure service documentation is completed per Medicaid guidelines. Review policy and procedure manuals for language which addresses completion of required forms, transition and discharge planning.

The 60 day follow-up review should include a review of service records to verify that all components of each full service note are included in the documentation and to verify that contacts are documented.

- a. Review consumer medical records and other records to ensure that the program has documented, in the medical record, all other clinically significant contacts with the recipient. Review in policy and procedure manuals, program descriptions, and other documentation for language demonstrating that the program intends to document using a minimum standard of a daily full service note that includes the required elements.
- b. Review in policy and procedure manuals, program descriptions, and other documentation for language demonstrating that the program intends to utilize detoxification rating scale tables (e.g., Clinical Institute Withdrawal Assessment-Alcohol, Revised) and flow sheets (includes

- tabulation of vital signs) as needed. Review consumer medical records and other records to ensure that the program has documented using the above as needed.
- c. Review in policy and procedure manuals, program descriptions, and other documentation for language demonstrating that the program intends that a discharge plan, which has been discussed with the recipient, will be included in each record. Review consumer medical records and other records to ensure that a discharge plan, which has been discussed with the recipient, is found in each medical record.